# **Food Security and Food Assistance Programs in the Community Context**

### **Community Attitudes Toward Traditional Tohono O'odham Foods**

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The Tohono O'odham people have the highest rate of diabetes among Native American tribes. About 50 percent of Tohono O'odham adults have adult-onset diabetes compared with 4-6 percent of the overall U.S. population. A number of studies have shown that the components of many traditional Tohono O'odham foods, such as tepary beans, cholla cactus buds, and wild spinach, help regulate blood sugar and reduce the incidence and effects of diabetes. In this study, the authors examined the prevalence of traditional Tohono O'odham food in the diets of tribal members and assessed the level of interest among tribal members in incorporating more traditional food into their diets.

The authors surveyed primary caregivers in 128 households, which contain an estimated 625 household members. Almost 75 percent of respondents are female, and about 60 percent are under age 36. Almost 20 percent of respondents suffer from diabetes, and almost 80 percent reported that at least one family member has diabetes.

The study found that less than one-fourth of survey respondents often eat traditional food. Respondents were asked about a number of possible obstacles to eating more traditional food. They reported that the limited availability of traditional food and lack of time to prepare it are the two main obstacles to eating traditional Tohono O'odham food. Over 60 percent would eat traditional food often if it were available. About 13 percent reported that they do not know what the traditional foods are, and less than 1 percent reported that they do not like the taste.

The survey shows that 60 percent of the respondents know that eating many traditional foods helps prevent diabetes, but just 53 percent know that eating these foods can help keep diabetics healthier.

The study found that about 27 percent of respondents receive food stamps, 7 percent receive USDA commodities through the Food Distribution Program on Indian Reservations (FDPIR), and 32 percent participate in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Almost 90 percent of surveyed FDPIR participants would like to receive traditional food as part of their commodity package, and almost 90 percent of surveyed WIC participants would like to receive supplemental coupons to purchase traditional foods, if these foods were available. Almost half of surveyed Food Stamp Program participants would definitely buy traditional foods with their food stamps, and another 30 percent would probably buy them. Although these results are based on responses to hypothetical questions, they suggest that these Federal food assistance program participants are receptive to incorporating traditional food into their diets. The authors made recommendations for how Federal food assistance programs could help to encourage the consumption of healthy, traditional Tohono O'odham food.

## Contextual Determinants of Food Security in Southern Hispanic and **African-American Neighborhoods**

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Since 1995, when the Federal Government began monitoring food insecurity, African-American and Hispanic households have had consistently higher rates of food insecurity than the overall U.S. population. This study examines whether community-level factors in predominantly minority neighborhoods can help to explain the higher rates of food insecurity among minority households.

Previous research has found that accessibility of food varies with the level of residential racial segregation and that supermarket access is associated with average dietary quality in a community. The authors conducted a community-based participatory study, in partnership with residents of predominantly minority neighborhoods, to identify the most important community factors that relate to household food insecurity.

The authors held focus groups and photography sessions with residents of six predominantly minority neighborhoods in Durham, NC. They used two innovative

methods to gain an "insider's perspective" of community factors related to food insecurity. First, all participants were asked to use cameras to identify and record the aspects of their communities that they thought were important in supporting their efforts to eat healthful, adequate diets. Second, participants analyzed data from the focus groups to identify the salient themes among members of their neighborhood research group. In addition, 12 members of the neighborhood research groups participated in individual interviews to explore further their personal experiences with food insecurity.

Participants in the study identified dietary quality as their primary food-related concern. They expressed concerns about five aspects of dietary quality: taste, freshness, balance, variety, and nutrient density of foods. They identified community factors that influence their diet quality, including access to fast food restaurants and food stores, the National School Lunch and School Breakfast programs, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the Food Stamp Program. Hispanic participants expressed concern about their children's dietary habits related to their greater acculturation to "fast foods." However, many participants recognized the importance of fast food restaurants as community centers and as the only source of safe playgrounds in some minority neighborhoods.

This study identified community factors, such as accessibility of retail food and food assistance programs, related to food insecurity in predominantly minority neighborhoods in Durham, NC. The authors noted that quantitative analysis is necessary to test the relationship between community characteristics and household food insecurity. The qualitative research could help to identify possible communitylevel policies that might help reduce household food insecurity.